

Learning Objectives

- 1. Gain greater understanding why addressing family needs is important for individual and family recovery in adult drug courts.
- 2. Learn about the Family Strengths and Needs Survey and its implementation in pilot projects in Montana.
- 3. Explore practice and policy implications for addressing family needs, including the need for greater collaboration within the adult drug court and the community.

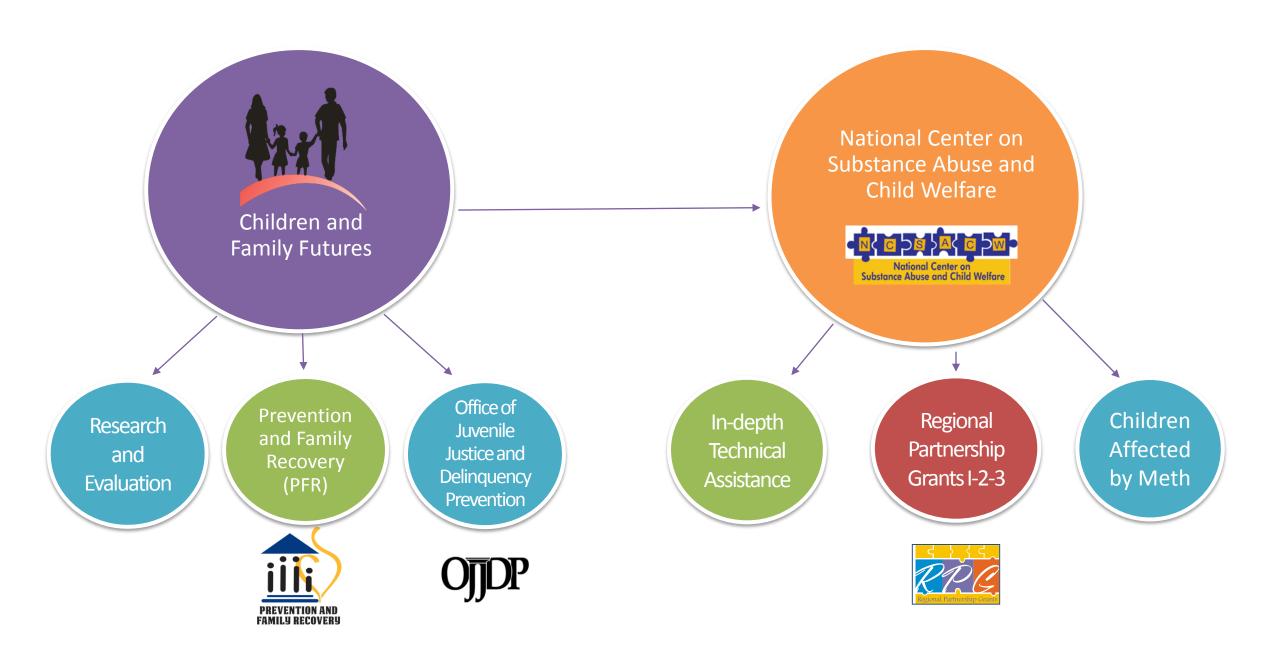


Children and Family Futures

Our Mission

To improve safety, permanency, well-being and recovery outcomes for children, parents and families affected by trauma, substance use and mental health disorders.







60-75% of participants in adult drug courts have at least one minor child



Do you believe?

Adults affected by substance use disorders come with children attached?

It is a family disease, transmitted intergenerationally?





Core Messages

Don't forget the children - treatment is about families

Recovery for both parent and child occurs in the context of family



8.3 million children

* 2002 – 2007 SAMHSA National Survey on Drug Use and Health (NSDUH)

All Drug Courts are Family Courts – when their clients include parents and children

• The challenge is *not* to divert resources from treating parents to help their children



That's what collaborative means





Are you serving just the participant or are you serving the whole family?





Parent Recovery & Well-Being

Family Recovery & Well-Being

Because recovery and well-being occurs in the context of family relationships

Family-Centered Approach



Recognizes that addiction is a family disease and that recovery and well-being occurs in the context of families



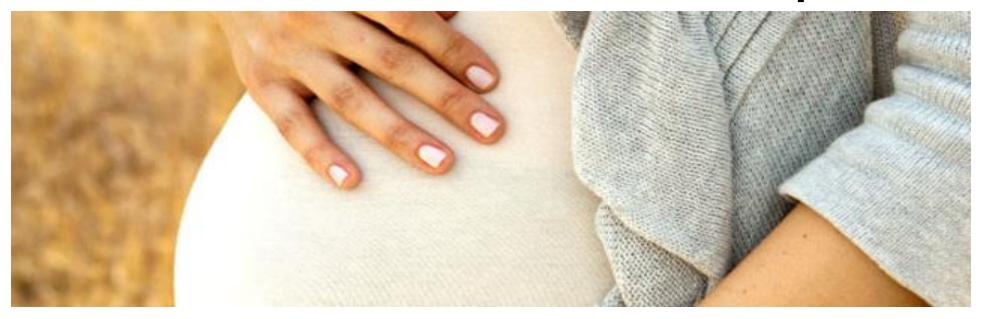
What is the impact

of parental substance use disorders

on children?



Prenatal Exposure



- Prenatal screening studies document 11-15% of infants were prenatally exposed to alcohol, tobacco, or drugs
- The most severe consequence of exposure to alcohol during pregnancy is Fetal Alcohol Syndrome (FAS), the largest preventable cause of birth defects and mental retardation
- Fetal Alcohol Spectrum Disorder (FASD) full range of effects

Impact on the Child

- Executive functioning problems, inability to self-regulate and to generalize across situations
- Gross and fine motor delays
- Attention problems
- Memory difficulties
- Attachment disorders



Children of parents with substance use disorders are at an increased risk for developing their own substance use and mental health problems.

Postnatal Environment – Potential Impact of Living in Substance Abusing Family

The potential impact on the child can range from:

- Severe, inconsistent or inappropriate discipline
- Neglect of basic needs: food, shelter, clothing, medical care, education and supervision
- Situations that jeopardize the child's safety and health (e.g. drug manufacturing and trafficking)
- Trauma as a result of all of the above as well as from removal
- Disruption of parent/child relationship, child's sense of trust and belonging
- Chronic trauma of childhood

Sources of Trauma in the CWS Population



- Neglect
- Physical abuse
- Sexual abuse
- Placement history

Source: E. Telford, Children's Research Triangle, 2012

Childhood Trauma

Trauma disrupts all aspects of normal development,

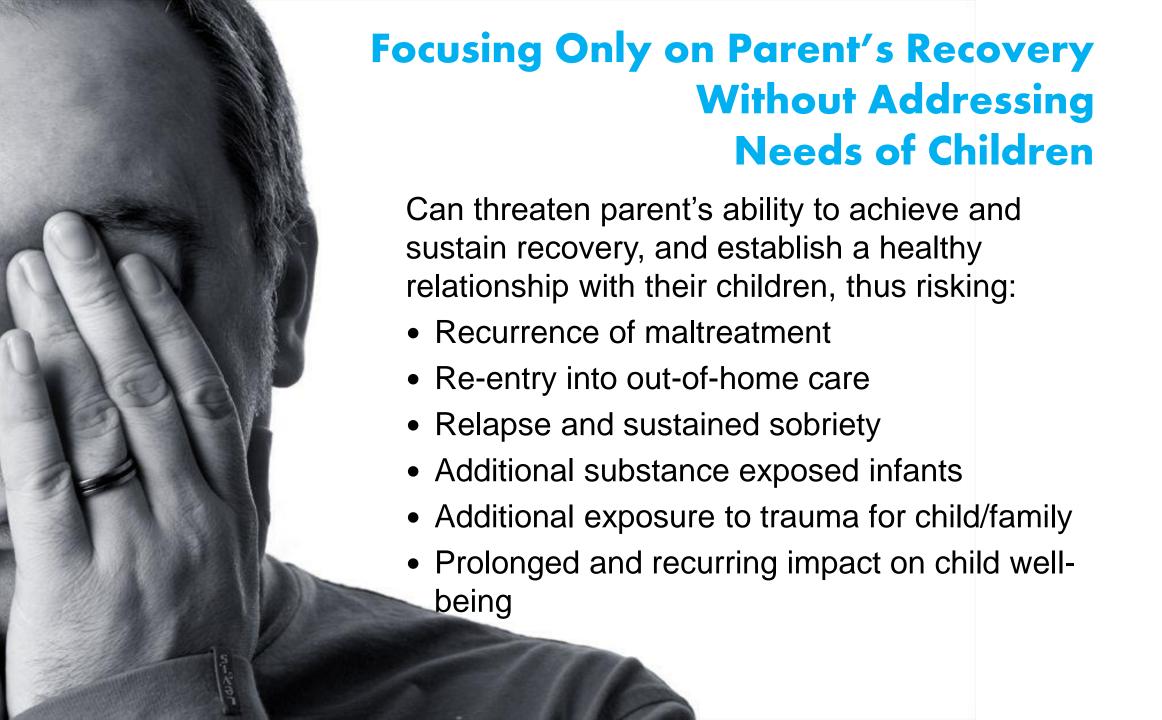
especially during infancy and early childhood, including:

- Brain development
- Cognitive growth and learning
- Emotional self-regulation
- Attachment to caregivers and social-emotional development
- Trauma predisposes children to subsequent psychiatric difficulties



19





Why Treatment Should Be About Families

- Family stress and trauma can contribute to relapse; family stability contributes to recovery
- The best prevention for children is effective treatment for their parents
- In seeking community PR and sustainability, benefits to children and family members help tell the story along with data describing adults' recovery and reduced recidivism





Parenting in Adult Drug Courts



Adult Drug Courts that provided parenting classes had 65% greater reductions in criminal recidivism and 52% greater cost savings than Drug Courts that did not provide parenting classes.

Source: Carey, S.M., Mackin, J.R., & Finigan, M.W. (2012). What works? The 10 key components of Drug Court: Research-based best practices. Drug Court Review.

We Know the Costs: Children of Parents with a Substance Use Disorder



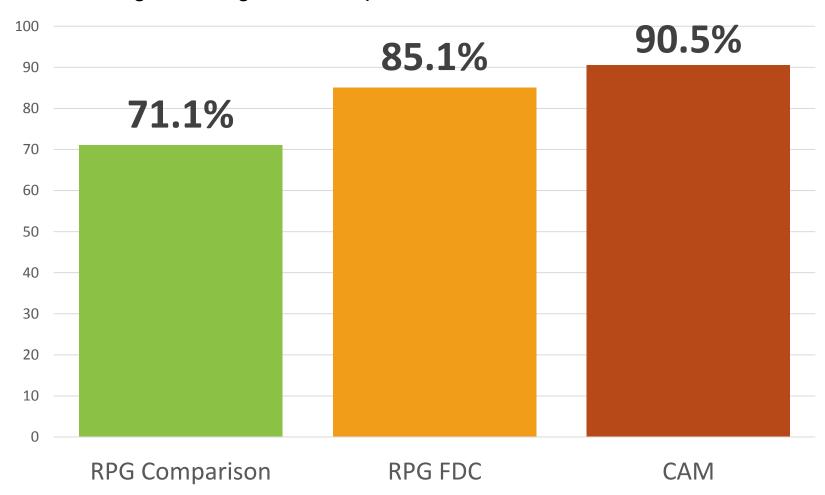




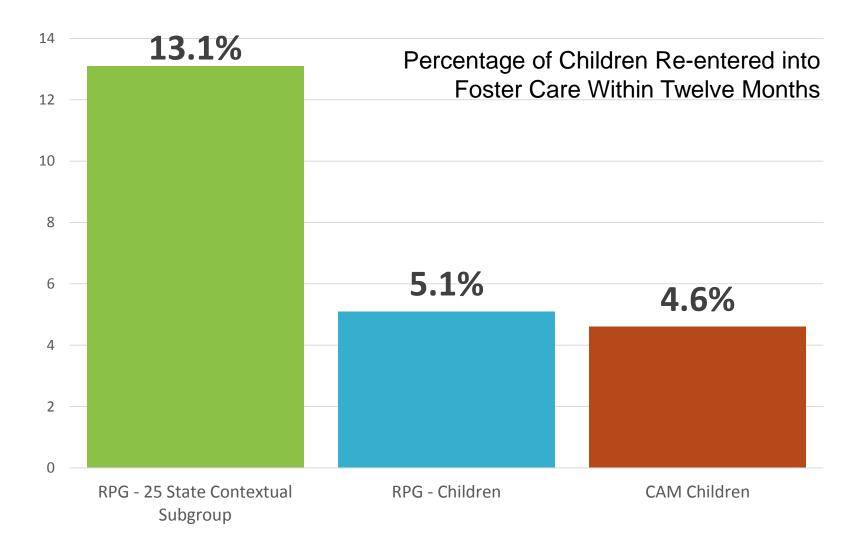
- They are children who arrive at kindergarten not ready for school.
- They are in special education caseloads.
- They are disproportionately in foster care and are less likely to return home.
- They are in juvenile justice caseloads.
- They are in residential treatment programs.

Remained in Home

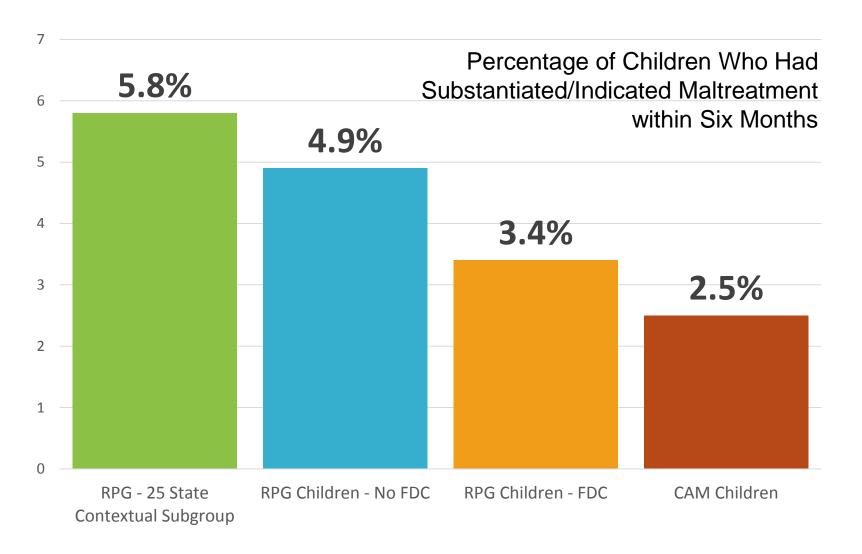
Percentage of Children Who Remain at Home Throughout Program Participation



Re-entries into Foster Care

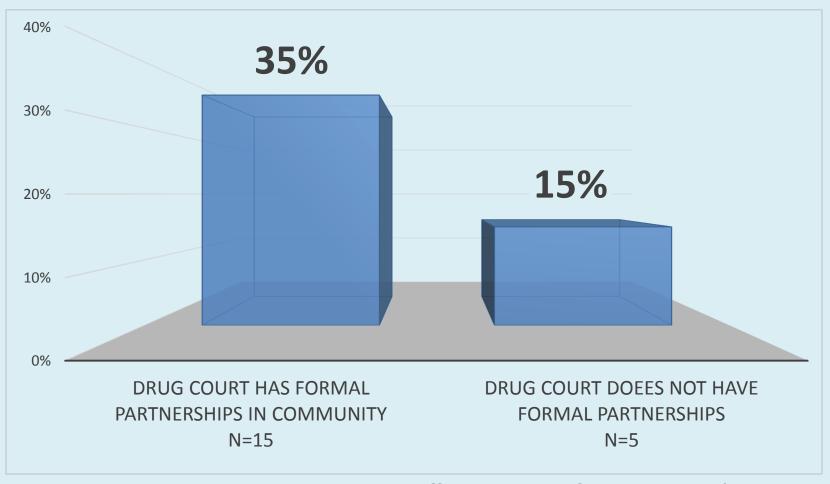


Recurrence of Child Maltreatment



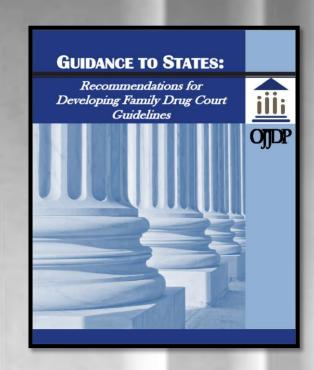


Drug Courts That Had Formal Partnerships with Community Organizations Had More Than Twice the Savings



Note: Difference is significant as a trend at p<.15



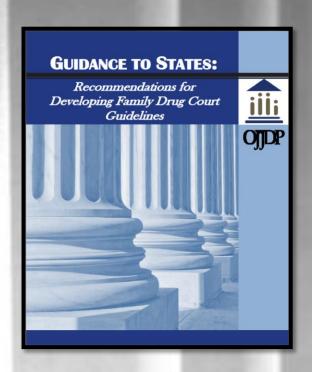


Key Component #1: Integrate treatment services with justice system case processing

FDC Recommendation #2: Develop Interagency Partnerships







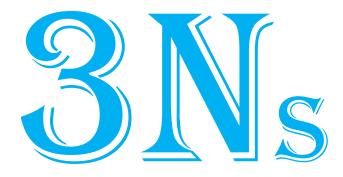
FDC Recommendation #7:
Address the Needs of
Children



Understanding the Complex Needs of Families

- Lack of parenting skills
- Trauma history
- Substance abuse history
- Unemployment
- Prior CWS history
- Lack of support
- Lack of stable or safe housing
- Transportation needs
- Mental health history
- Education status
- Development disorders

A Framework for Expanding Services to Children in Drug Courts:



NUMBERS
NEEDS
NETWORK





How can Drug Courts determine the number of children associated with participant adults?

You can't coordinate what you can't count.

Numbers

- How will your Court ask clients if they have children?
- How will your Court ask about other family relationships, such as non-custodial parents (identity, location and quality of relationship)?
- Ask questions about family status at intakes?
- Strategize on how to get entire family into treatment to assist in identification of parental drug use and facilitate treatment
- Ensure that court information systems including tracking of family members



How can Drug Courts determine the needs of children and families associated with participant adults?

What services and supports do these children and families need?

Needs — Guiding Questions

- Are child's medical, developmental, behavioral, and emotional needs assessed?
- How will your Court ask clients if their children have received appropriate screenings and assessments?
- Has the child and family been assessed for trauma? Relationship issues?
- Did the child receive appropriate interventions or services for the identified needs?
- Do the parents have an understanding of the child's identified needs? Are they able to cope with the child's needs?
- Does the family have access to long-term supportive services?
- Are you providing training and education to the Court Team, including judicial leaders on the importance of serving children and families?



How can Drug Courts build lasting effective networks or partnerships to respond to the needs of these children?

You don't have to do it alone-that's what collaborative means.

Building A Network of Services

- How will you refer and follow up to outside agencies with children's services?
 - -You need an inventory of children's services
 - Ask your Family Drug Court, Juvenile Drug Court, VTC
 - Ask local coordinating bodies
 - Ask local congregations
- How will you ensure availability of evidence-based, family-centered treatment services?
 - -Which agencies just got new federal or state funding? Are children in their caseloads? Should they be?



The Need for a Tool

- Brief screening tool that can be administered by a drug court coordinator (with little or no training)
- Simple and efficient screening should be completed in a short time frame
- Identify an array of family related issues regarding the family of an adult drug court client
- So appropriate referrals can be made within the immediate community
- Applicable to complex family structures common to drug court participants

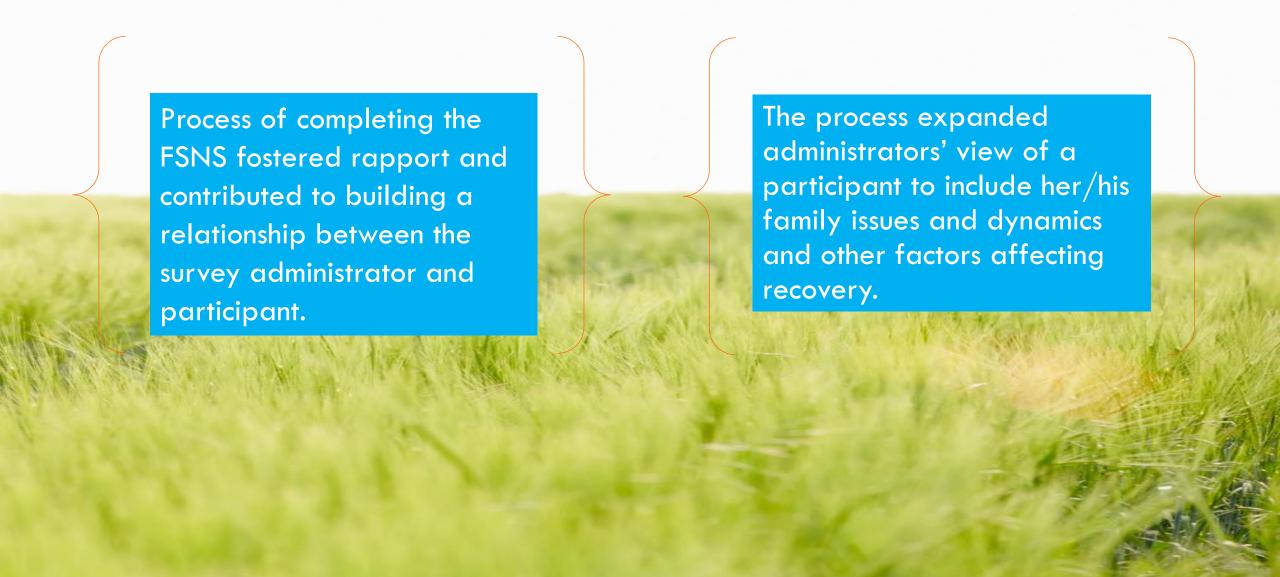
The Approach

- Preferred administrator approach is utilizing Motivational Interviewing (MI) techniques. MI is a collaborative conversation to strengthen a person's own motivation for and commitment to change.
- The spirit of MI is based on three key elements:
 - (1) Collaboration between administrator and client
 - (2) Evoking or drawing out client's ideas about change
 - (3) Emphasizing autonomy of client

Family Strengths and Needs Survey



Feedback From Montana Court Coordinators



Drug Court Coordinator Experience Administering FSNS

"This experience opened up a world of needs that have gone unaddressed and also provided motivation for finding these services and linking with other community organizations."

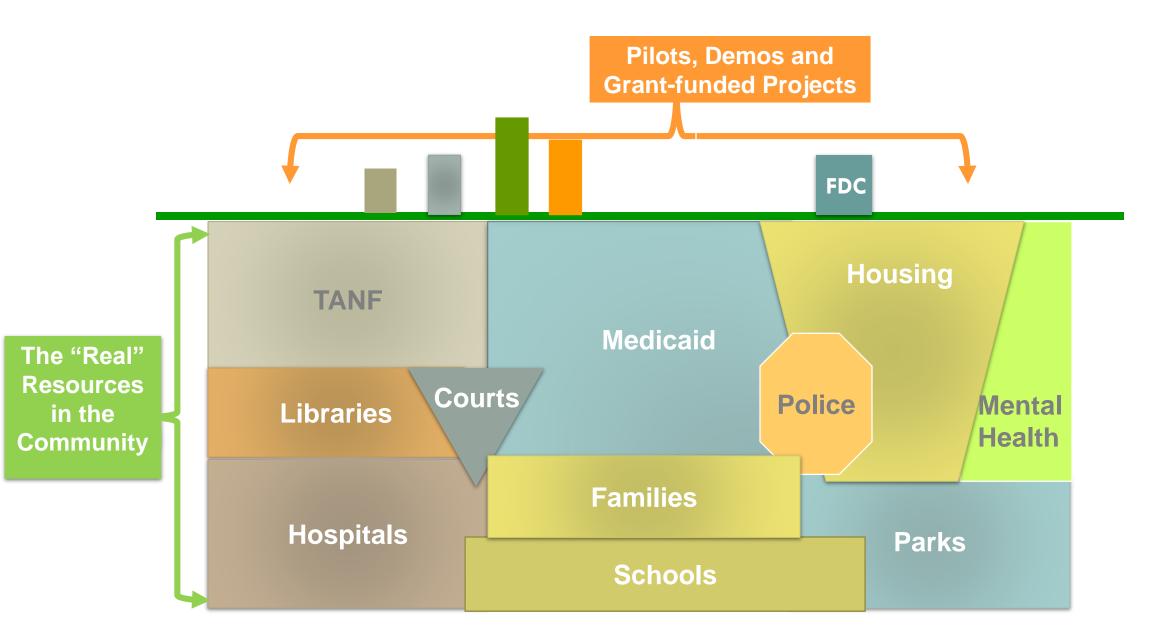
"The process of administering the FSNS helps coordinators to get to know the participant at a deeper level, much less superficial than with the standard intake/ screening tool."

Family Issues that may Affect Recovery



- **52.7%** had concerns regarding one or more of their **children's social and emotional well-being**
- 47.2% of participants had concerns regarding medical problems or issues with one or more of their children
- 40.0% had concerns about one or more of their children's behavior
- 17.8% had significant concerns about their spouse's or significant other's mental health

Redirection of Resources Already Here



Funding Sources & Allowable Services

Major Federal Funding Source	Service														
	Supports Substance Abuse Treatment	Outreach	Screening	Assessment	Substance Abuse Counseling and Education	Crisis intervention	Treatment Planning	Detax	Pharmacotherapy	Drug Use Mantoring '	Medical Care	Mental Health	Trauma/Violence Services ²	Case Management/ Care Coordination	Continuing Care
Substance Abuse Prevention and Treatment Block Grant (SAPTBG)	•	•	•	•	•	•	•	• 3	•	•		• 4	•		•
Temporary Assistance for Needy Families (TANF)	nonmedical aspects		•	•	•		•	• *				•	•		
Medicaid ⁶	•	•	•	•	•		•	•	•	•		•		•	•
Workforce Investment Act Adult Program			•	•	•		•					•			• '
Community-Based Child Abuse Prevention Program ⁸		•	•	•		•									
Child Welfare Services IV-B, Subpart I	ļ		•	•								•	•	•	
Promoting Safe and Stable Families IV-B, Subpart 2	•		•	•		•			6 6			•		•	
Developmental Disabilities Basic Support And Advocacy Grants											•				
Community Mental Health Services Block Grant	• "	10.8	•	•		•					•		•	100	
Community Services Block Grant 10						[•)								● 2	

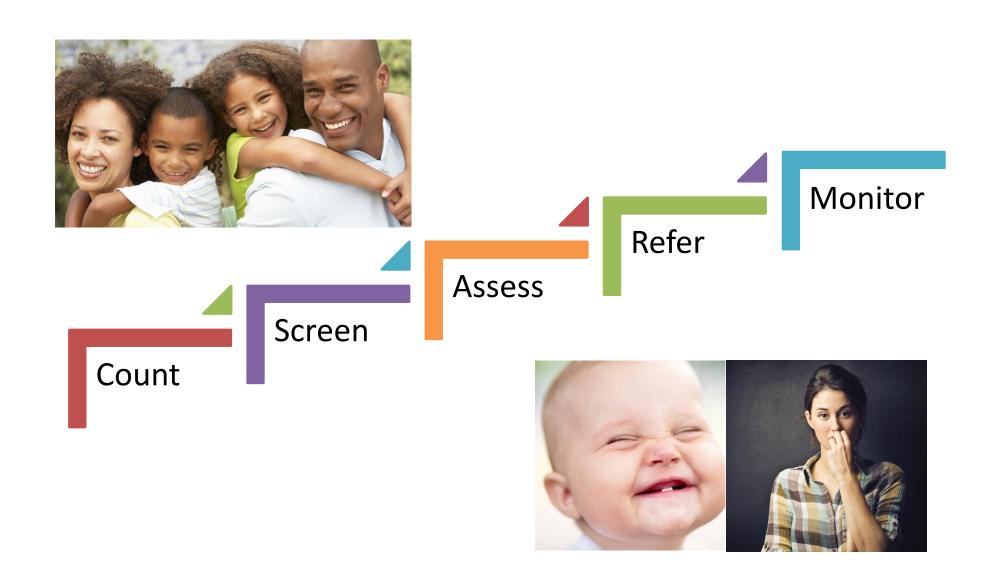
Adults

Funding Sources & Allowable Services

Major Federal Funding Source	Service														
	Supports Substance Abuse Treatment	Outreach	Screening	Assessment	Substance Abuse Counseling and Education	Crisis Intervention	Treatment Planning	Detax	Phamacotherapy	Drug Use Monitoring'	Medical Care	Mental Health	Trauma/Violence Services*	Case Management/ Care Coordination	Continuing Care
Maternal and Child Health Services Block Grant – Title V	•	•	•	•		•			•	•	prenatal care	•		•	
Social Services Block Grant	•	•	•		•	•	•	•	•		• 11	•	•	•	•
Title V – Community Prevention Incentive Grants	•														
Family Violence Prevention and Services	•12	•	•	•	•	•						•	•	•	
Housing Opportunities for Persons with AIDS	•	•		•	•	•	•	•	•		•	•	•	•	•
HIV Care Formula Grants	•	•	•	•	•	•	•	•	•		•	•	•	•	•
Project for Assistance in Transition from Homelessness	•	•	•	•								•		•	
Residential Substance Abuse Treatment for State Prisoners	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•

Adults

Addressing Children and Family Members in Drug Courts- Action Steps





Q&A and Discussion



You can do it – we can help: TA resources



Please contact us: fdc@cffutures.org

Collaborative Practice



- SAFERR
- Collaborative Practice Model
- Cross-Systems
 Collaboration Primer
- Cross-Systems Data Primer

Download Now:

http://www.ncsacw.samhsa. gov/resources



FDC LEARNING ACADEMY

2010-2014

30+ Webinars

55+ Hours of content

50+ Expert presenters

2000+ Attendees

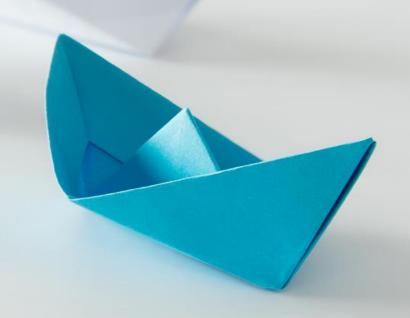
45 States

4.3 Satisfactory rating

* New & Exciting Ahead!

Leading Change 2015



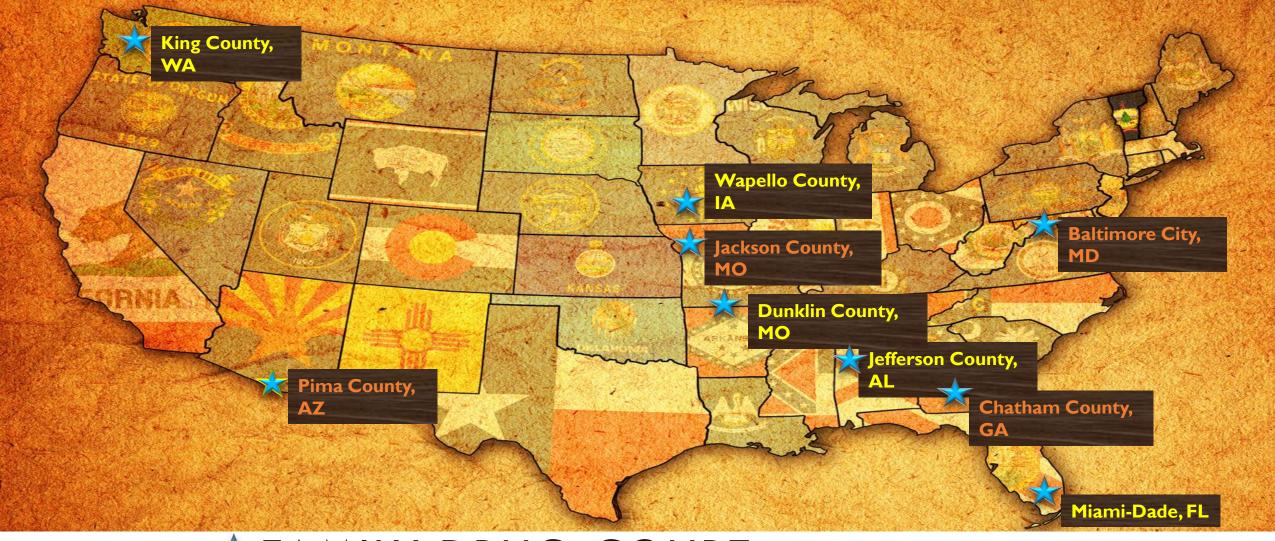


Family Drug Court Learning Academy Webinar Series

www.cffutures.org/presentations/webinars/category/fdc-series

Leading Change - 2015

March 12 th	Building Your FDC – Design or Default?
April 16th	So Who Wants to Be an FDC Coordinator?
May 14 th	Case Managers in the FDC and Why You Need Them
June 12 th	Leading Change – Prevention and Family Recovery Project For more info, visit – www.cffutures.org/pfr
Aug. 13 th	FDC Peer Learning Courts – TED Talks For more info, visit – <u>www.cffutures.org/plc</u>
Sept. 10 th	Leading Change – State System Reform Program For more info, visit – <u>www.cffutures.org/ssrp</u>



FAMILY DRUG COURT PEER LEARNING COURT PROGRAM

CONTACT US FOR MORE INFORMATION:

Poorl country Country Office



Wisit FDC Learning Academy Blog

www.familydrugcourts.blogspot.com



- Understanding Substance Abuse and Facilitating Recovery: A Guide for Child Welfare Workers
- 2. Understanding Child Welfare and the Dependency Court: A Guide for Substance Abuse Treatment Professionals
- 3. Understanding Substance Use Disorders, Treatment and Family Recovery: A Guide for Legal Professionals



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